

<i>SERFF Tracking Number:</i>	<i>MUTM-127841853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50336</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC8022</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC8022</i>		

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement      SERFF Tr Num: MUTM-127841853 State: Arkansas  
Advertising - URC8022

TOI: MS08I Individual Medicare Supplement -      SERFF Status: Closed-Filed-      State Tr Num: 50336  
Standard Plans 2010      Closed

Sub-TOI: MS08I.001 Plan A 2010      Co Tr Num: JAMIE LUCY      State Status: Filed-Closed  
Filing Type: Advertisement      Reviewer(s): Stephanie Fowler  
Author: Jamie Lucy      Disposition Date: 12/07/2011  
Date Submitted: 11/28/2011      Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising  
Project Number: URC8022  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 12/07/2011  
State Status Changed: 12/07/2011  
Created By: Jamie Lucy  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

NAIC #: 261-69868

FEIN #: 47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

URC8022 URC8022-1 (Reply Card)

UE1563

URC8023 URC8023-1 (Reply Card)

UE1564

SERFF Tracking Number: MUTM-127841853 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50336  
Company Tracking Number: JAMIE LUCY  
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Advertising - URC8022  
Project Name/Number: Medicare Supplement Advertising/URC8022

Enclosed for review by your Department is a copy of the above-captioned advertising. These forms are new and are not intended to replace any previously approved forms. They will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Thank you for the review of this filing.

Sincerely,

Corporate Compliance and Ethics Division  
For Questions, please contact Carly Cole  
Phone: 402-351-2476; Fax: 402-351-5298  
E-mail: [advfilings@mutualofomaha.com](mailto:advfilings@mutualofomaha.com)

jl

## Company and Contact

### Filing Contact Information

Carly Cole, Product & Advertising Compliance [carly.cole@mutualofomaha.com](mailto:carly.cole@mutualofomaha.com)  
Consultant

Mutual of Omaha 402-351-2476 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

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## Filing Fees

SERFF Tracking Number: MUTM-127841853 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50336  
Company Tracking Number: JAMIE LUCY  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Advertising - URC8022  
Project Name/Number: Medicare Supplement Advertising/URC8022

Fee Required? Yes  
Fee Amount: \$300.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$300.00	11/28/2011	54060877

SERFF Tracking Number:	MUTM-127841853	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	50336
Company Tracking Number:	JAMIE LUCY		
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010	Sub-TOI:	MS08I.001 Plan A 2010
Product Name:	Medicare Supplement Advertising - URC8022		
Project Name/Number:	Medicare Supplement Advertising/URC8022		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/07/2011	12/07/2011

<i>SERFF Tracking Number:</i>	<i>MUTM-127841853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50336</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC8022</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC8022</i>		

## **Disposition**

Disposition Date: 12/07/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-127841853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50336</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC8022</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC8022</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Memorandum of Variability	Filed-Closed	Yes
<b>Form</b>	Letter, Reply Card	Filed-Closed	Yes
<b>Form</b>	Carrier	Filed-Closed	Yes
<b>Form</b>	Letter, Reply Card	Filed-Closed	Yes
<b>Form</b>	Carrier	Filed-Closed	Yes

SERFF Tracking Number: MUTM-127841853 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50336

Company Tracking Number: JAMIE LUCY

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010  
Standard Plans 2010

Product Name: Medicare Supplement Advertising - URC8022

Project Name/Number: Medicare Supplement Advertising/URC8022

## Form Schedule

### Lead Form Number: URC8022

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
<b>Status</b>						
Filed-Closed 12/07/2011	URC8022, URC8022-1	Advertising Letter, Reply Card	Initial		0.000	URC8022_brackets.pdf
Filed-Closed 12/07/2011	UE1563	Advertising Carrier	Initial		0.000	UE1563.pdf
Filed-Closed 12/07/2011	URC8023, URC8023-1	Advertising Letter, Reply Card	Initial		0.000	URC8023_brackets.pdf
Filed-Closed 12/07/2011	UE1564	Advertising Carrier	Initial		0.000	UE1564.pdf

A MUTUAL *of* OMAHA COMPANY  
Mutual of Omaha Plaza, Omaha, NE 68175



coding999999999  
Sample J. Sample  
9324 Harney St.  
Omaha, NE 68126

Soon you will turn 65 and become eligible for Medicare. Before that happens, please accept your free copy of *A Guide To Health Insurance For People With Medicare*, created by the Centers of Medicare and Medicaid Services and the National Association of Insurance Commissioners.

**Just call [1-800-840-5192] or return the Express Voucher\* attached.** This guide will help you better understand Medicare and the health insurance options available to you. And it's yours absolutely free and without obligation. United of Omaha Life Insurance Company is here to provide information you need to make an informed decision.

**PLEASE DON'T DELAY!** Because the more you know about Medicare supplement insurance now, the better prepared you'll be.

# YOURS FREE!

- ▶ The differences between Medicare Part A, B and D
- ▶ What Medicare does and does not cover
- ▶ Choosing the right Medicare supplement plan for you
- ▶ The best time to buy a Medicare supplement insurance policy
- ▶ And MORE!

**To receive your free guide, call [1-800-840-5192]**  
or mail your Express Voucher today. No cost or obligation.



\*\*\*\*\*

**This is a solicitation of insurance; by returning the attached Express Voucher, you are requesting to have an insurance agent contact you by telephone.** Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24 & UM30 or state equivalent; In ID: UM20-21698, UM23-21699, UM24-21700, UM30-22551; In NC: UM20-21719NC, UM23-21720NC, UM24-21721NC & UM30-22567NC; In OK: UM20-21746, UM23-21747, UM24-21748 & UM30-22579; In OR: UM20-21610, UM23-21613, UM24-21614 & UM30-22543. are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-228-7104. These policies have exclusions and limitations. In some states, coverage is also available to persons under age 65 who are eligible for Medicare due to a disability. An outline of coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except in NY. There is no cost or obligation for this booklet. **THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE DOES NOT COVER**

\*The Free Guide to Health Insurance for People with Medicare Available is also available from your state's Department of Insurance or the Centers of Medicare and Medicaid Services.

URC8022

▼ PLEASE DETACH HERE AND MAIL TODAY ▼

## EXPRESS VOUCHER

☒ **YES!** Please send me **A Guide To Health Insurance For People With Medicare.** I understand there is no cost or obligation.

**IMPORTANT: PLEASE REPLY TODAY**

**For faster service, call [1-800-840-5192]  
[or visit [www.mymutualplans.com](http://www.mymutualplans.com)]**

Sample J. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxx  
Apt # 1234  
9324 Harney St.  
Omaha, NE 68126

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Best Time To Call \_\_\_\_:\_\_\_\_ ☐ A.M. ☐ P.M.  
Email \_\_\_\_\_

**This is a solicitation of insurance and an insurance agent will contact you by telephone.** Medicare Supplement is underwritten by: United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

URC8022-1



PRSRT STD  
U.S. POSTAGE  
**PAID**  
MUTUAL OF  
OMAHA

## Receive your FREE

## Guide to Health Insurance for People with Medicare

Age Group	Number of People
0-4	10
5-9	12
10-14	15
15-19	18
20-24	20
25-29	22
30-34	25
35-39	28
40-44	30
45-49	32
50-54	35
55-59	38
60-64	40
65-69	35
70-74	30
75-79	25
80-84	20
85-89	15
90-94	10
95-99	5

coding9999999999

Sample J. Sample

9324 Harney St.

Omaha, NE 68126

**EXPRESS VOUCHER ENCLOSED**



## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

A MUTUAL *of* OMAHA COMPANY  
Mutual of Omaha Plaza, Omaha, NE 68175



- Free Information and a Rate Quote
- Free Booklet for People with Medicare

## REGARDING YOUR OPEN ENROLLMENT PERIOD

|||||  
coding999999999  
Sample J. Sample  
9324 Harney St.  
Omaha, NE 68126

**FINAL REMINDER BEFORE YOUR 65th BIRTHDAY:** While you're in your open enrollment period, please request your personalized rate quote to find out just how affordable Medicare supplement insurance can be.

**Look at sample monthly rates for three of our most popular plans, based on your upcoming age of 65:**

Benefits	Plan [Name]	Plan [Name]	Plan [Name]
Monthly Rates*	[\$Rate]	[Rate]	[Rate]

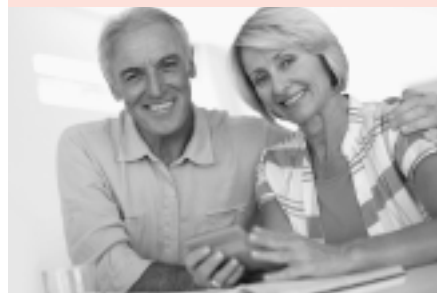
To receive your FREE Medicare Supplement information and rate quote, call **[1-800-999-9999]** or return the **Request Form below**. There's no cost or obligation of any kind. You can count on us for the courteous, personal service you deserve and the experience you trust.

Sincerely,

**Dwaine Meyer**  
**Director, Marketing Services and Licensed Agent**

**For Your FREE Medicare Supplement Information:**

- Call Toll-Free [1-800-840-5708]
- Visit [[www.ourmutualplans.com](http://www.ourmutualplans.com)]
- Or complete and mail the Request Form below



**This is a solicitation of insurance; by returning the attached request form, you are requesting to have an insurance agent contact you by telephone.** Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24 & UM30 or state equivalent; In ID: UM20-21698, UM23-21699, UM24-21700, UM30-22551; In NC: UM20-21719NC, UM23-21720NC, UM24-21721NC & UM30-22567NC; In OK: UM20-21746, UM23-21747, UM24-21748 & UM30-22579; In OR: UM20-21610, UM23-21613, UM24-21614 & UM30-22543; are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-228-7104. In some states, coverage is also available to persons under age 65 who are eligible for Medicare due to a disability. Your Medicare supplement insurance policy will not pay for any expense incurred before your policy date, hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force, services for which no charge is made when there is no insurance, services for non-Medicare Eligible Expenses, or any expense paid for by Medicare or under any other Medicare supplement insurance policy. United of Omaha Life Insurance Company is licensed nationwide except in NY. There is no cost or obligation for this booklet.

**THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE DOES NOT COVER.**

URC8023

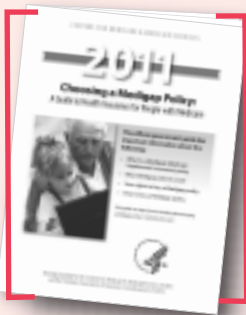
▼ PLEASE DETACH HERE AND MAIL TODAY ▼

## FREE INFORMATION REQUEST

☒ **YES!** Please provide free information and my copy of ***A Guide To Health Insurance For People With Medicare***. I understand there is no cost or obligation.

**For faster service,  
call **[1-800-840-5708]****

**[or visit [www.ourmutualplans.com](http://www.ourmutualplans.com)]**



**IMPORTANT: REPLY TODAY**

Sample J. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  
Apt # 1234  
9324 Harney St.  
Omaha, NE 68126

Date of Birth / /

Phone ( )

Best Time To Call : ☐ A.M. ☐ P.M.

Email

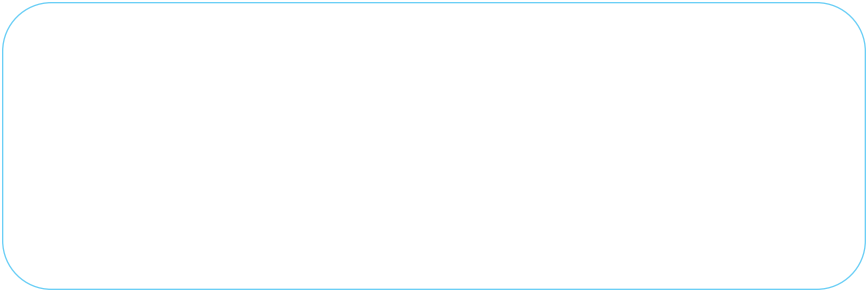
**This is a solicitation of insurance and an insurance agent will contact you by telephone.** Medicare Supplement is underwritten by: United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

URC8023-1

PRSRT STD  
U.S. POSTAGE  
**PAID**  
MUTUAL OF  
OMAHA

*Please open immediately*

**FINAL PRE-BIRTHDAY NOTICE**





## **UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

<i>SERFF Tracking Number:</i>	<i>MUTM-127841853</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50336</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - URC8022</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/URC8022</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Memorandum of Variability	Filed-Closed	<b>Date:</b> 12/07/2011
<b>Comments:</b>			
<b>Attachments:</b>			
URC8022 MOV.pdf			
URC8023 MoV.pdf			

# VARIABLE MATERIAL FOR ADVERTISING FORM URC8022

The following information in the aforementioned advertisement is bracketed to denote variable material.

## **Section**

## **Explanation**

Graphic of Guide  
- Located middle right of letter

Graphic will be switched yearly to current cover of Guide

[or visit [www.mymutualplans.com]]  
- Located lower left of Express Voucher.

This entire line will either be left in or removed completely if a web address will not be used.

[www.mymutualplans.com]  
- Located within variable field above.

This web address will be an approved site for customers to place an order for the free guide.

# VARIABLE MATERIAL FOR ADVERTISING FORM

## URC8023

The following information in the aforementioned advertisement is bracketed to denote variable fields.

Section	Explanation
<b>Dear [Sample J. Sample,]</b> - Opening of letter	Will insert recipient's name for personalization purposes.
<b>[or visit [www.ourmutualplans.com]]</b> - Located as 2 <sup>nd</sup> bullet in colored box , right center of letter and at bottom, left center of Express Voucher.	This entire line will either be left in or removed completely if a web address will not be used.
<b>[www.ourmutualplans.com]</b> - Located within variable field above.	This web address will be an approved site for customers to place an order for the free guide.
<b>Plan [Name]</b> - Located next to "Benefits", middle of letter	Approved Medicare Supplement plans will be shown for the appropriate state for which the letter will be mailed.
<b>[Rate]</b> -Located next to "Monthly Rates*" and below Plan Name, middle of letter	Corresponding rates for the approved plans in the state ZIP code, age (65) and sex will be shown.  The plans shown will always be the three most popular plans sold in the state in which the ad is being used.
<b>[sex specific rate disclosure]</b> directly below the rates, next to "Sample base rates"	If female rates are used, the disclosure will read: "Female rates (male rates may be higher)."  If male rates are used, the disclosure will read: "Male rates (female rates generally lower)."  <b>(Neither option will be printed in states that are not gender rated, such as AR, AZ, CT &amp; ME.)</b>
<b>[appropriate state rate disclosure]</b> below the rates, next to the [sex specific rate disclosure] if applicable - otherwise, next to "Sample base rates"	<b>AR</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. <b>CT</b> – Rates are subject to change. <b>AZ, ID, ME, NJ, SD, TN</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible. <b>GA, IA, IL, IN, KY, LA, MI, MO, MS, NE, OH, OK, OR, SC, VA</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible. <b>NC</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Premiums are based on attained age, which means they will increase each year until age 90. Premiums may also change based on your class. Lower rates may apply, if eligible.
<b>[Agent Name]</b> <b>[Agent Title]</b> Closing of the letter, above the P.S. section	Will display a licensed Mutual of Omaha Agent name and approved title.
<b>Graphic of Guide</b> - Located center of Request Form section	Graphic will be switched yearly to current cover of Guide